

Committee on Mental Health and the Justice System
AGENDA

Monday, February 24, 2020

10:00 a.m. – 3:00 p.m.

State Courts Building • 1501 W. Washington St. • Phoenix, Arizona • Conference Room 345 A/B

REGULAR BUSINESS

10:00 a.m.	Welcoming Remarks	Mr. Kent Batty, <i>Chair</i>
10:10 a.m.	Approval of January 27, 2020 Minutes <input type="checkbox"/> Formal Action: Vote to Approve	Kent Batty
10:15 a.m.	Committee – 2020 Work Plan	Kent Batty All
11:00 a.m.	AOC Legislative Update	Liana Garcia
11:30 a.m.	Competency Workgroup Report	Dianna Kalandros
11:40 a.m.	Key Issues Workgroup Report	Jim McDougall
11:50 a.m.	Training Team Report	Stacy Reinstein
12:00 p.m.	LUNCH	
12:40 p.m.	News & Updates	Kent Batty
1:00 p.m.	Acute Mental Health Needs of Youth: Arizona’s Juvenile Justice System	Beth Broeker, Arizona Department of Juvenile Corrections
2:00 p.m.	Call to the Public	Kent Batty
2:10 p.m.	Adjourn	Kent Batty

Next Meeting:

2020 Meeting Schedule:

All times are approximate and subject to change. The committee chair reserves the right to set the order of the agenda. For any item on the agenda, the committee may vote to go into executive session as permitted by Arizona Code of Judicial Administration §1-202. Please contact Stacy Reinstein at (602) 452-3255 with any questions. Any person with a disability may request a reasonable accommodation, such as auxiliary aids or materials in alternative formats, by contacting Angela Pennington at (602) 452-3547. Requests should be made as early as possible to allow time to arrange the accommodation.

March 23, 2020
10:00 am-3:00 pm
State Courts Building
1501 W. Washington St.
Room 119A/B

April 20
May 18
July 27
August 24

September 21
October 19
November 16
December 14

Committee on Mental Health and the Justice System | DRAFT Minutes

Monday, January 27, 2020

10:00 a.m. – 3:00 p.m.

State Courts Building • 1501 W. Washington St. • Phoenix, Arizona • Conference Room 119 A/B

Present: Kent Batty (Chair), Mary Lou Brncik, Brad Carlyon, Shelley Curran, Jim Dunn, Hon. Michael Hintze, Josephine Jones, Natalie Jones, Dianna Kalandros, Chief Chris Magnus, James McDougall, Dr. Carol Olson, Ronald Overholt, Chief Deputy David Rhodes, Hon. Barbara Spencer, Hon. Christopher Staring, Paul Thomas

Telephonic: Amelia Cramer, Hon. Elizabeth Finn, Hon. Cynthia Kuhn, J.J. Rico, Dr. Michael Shafer

Absent/Excused: Kristin McManus, Hon. Fanny Steinlage

Guests/Presenters: Anthony Coulson, ACJC; Tamaria Gammage, NAMI AZ; Colin King, Tucson Police Department, Hon. Mike McVey (ret.), MCAO; Beya Thayer, Yavapai County Sheriff's Office; Jason Winsky, Tucson Police Department.

Administrative Office of the Courts (AOC) Staff: Theresa Barrett, Liana Garcia, Donald Jacobson, Stacy Reinstein, Diana Tovar

Regular Business

Welcome and Opening Remarks

Mr. Kent Batty (Chair) asked Committee members and guests to briefly introduce themselves.

Approval of Minutes

Members were asked to approve minutes from November 18, 2019, noting they were in the meeting packet and provided electronically in advance of the meeting. A motion to approve the minutes was made by Jim Dunn and seconded by Paul Thomas. Motion was approved unanimously.

December AOC Stakeholder Meeting

Mr. Batty shared highlights of the December 16, 2019 meeting held at the AOC with stakeholders representing various sectors of the community, including law enforcement, family and peers of persons with mental health conditions (and other advocates), health care, behavioral health care and crisis response.

The goal of the session was to educate and build consensus. Participants were given an overview of the current justice system mental health initiatives by a panel that included several committee members. Following which, the Committee's legislative proposals were discussed in focus group breakouts and the session was well received by the stakeholders. where stakeholders shared their perspectives and provided input.

Mr. Batty reminded that the Committee's proposals had been vetted to the presiding judges and Arizona Judicial Council at December meetings where concerns and questions were repeated regarding the breadth of the mental disorder definition, impact data for all three proposals, costs, and how those costs will be funded.

The Committee discussed the need to continue collaborating with stakeholders on revisions to the proposed language and asking the Key Issues Workgroup to revisit each proposal to discuss and determine the following:

1. What changes need to be made to the proposal (if any)?
2. What data would best serve our purposes of getting these changes made?
3. What are the potential sources of data?

Mr. Batty also noted the Committee and workgroup may want to reconsider revisiting the Assisted Outpatient Treatment statute, as an alternative to the "enhanced services order" proposal, as part of its decision-making process.

Mr. Batty encouraged the committee members who participated in the stakeholder meeting to share general comments. Members J.J. Rico and Mike Shafer will be added to the Key Issues Workgroup.

AOC Legislative Update

Liana Garcia, AOC Legislative Liaison, provided an overview of current bills of interest currently at the legislature including AOC bills.

Ms. Garcia spoke briefly on the following bills:

- HB 2070 Prearrest Diversion program
- HB 2146 Pretrial intervention; monies authorized uses
- HB 2154 Recidivism Reduction; evidence-based policies; reports
- HB 2232 Competency examinations; records; appointments
- HB 2250 Grants; behavioral health treatment services
- HB 2320 Psychiatric security review board; hearings
- HB 2649 Prisoners; mental health transition program

Staff will circulate new proposed language for House Bill 2320 that reverts the oversight currently assigned to the PSRB to Superior Court, and requests members follow up with Ms. Garcia on any specific comments.

David Rhodes briefly informed the Committee on the following bills that arose out of the Yavapai Justice and Mental Health Coalition's collaborative work:

- HB 2422 Coordinated re-entry planning services program
- HB 2414 Appropriations; alternative prosecution; diversion programs

In addition, Amelia Cramer briefly informed the committee on the following bill that resulted from the Pima County Attorney's Office work, and had been reviewed and discussed by the Committee in 2019:

- HB 2581 Dangerous; incompetent person; evaluation; commitment

Amelia Cramer answered questions regarding the bill.

National Center for State Courts: National Initiative Update and Discussion

Mr. Batty introduced Patti Tobias and Richard Schwermer from the National Center for State Courts (NCSC).

Ms. Tobias highlighted the NCSC's current priorities on improving the justice system's response to mental illness, including a focus group on competency, which includes Hon. Mike Hintze and other trial judges from across the country.,

Information from the NCSC on its current initiatives is included in the Committee packet. Highlights include:

- Review civil commitment laws and outpatient commitment laws to draft model language for mental health intervention.
- Provide education and training to judges and court professionals.
- Strengthen children and families through access and treatment, including a focus on reunification with children and their families when separation is the result of the lack of mental health/substance abuse treatment services.
- Educate court leadership on how to utilize Medicaid for diversion and deflection opportunities.

Ms. Tobias applauded Arizona's work to improve the justice system for people with mental illness, noting that the national protocols are modeled after Arizona's work, including the Leading Change Guide, which was developed for presiding judges, and improving data and information sharing. Ms. Tobias highlighted the importance for national level sharing of resources and publications between states, such as links to websites, task forces, and best practices, and encouraged Committee members to sign up for the monthly newsletter which Staff have shared.

Richard Schwermer, former state court administrator in Utah, addressed the Committee and thanked them for their efforts.

Mr. Schwermer shared additional information on the NCSC's work on the competency area. He stated that a recent analysis on the jail population in Los Angeles found that many people are incarcerated and get "stuck" in the system when they should not be there. Mr. Schwermer highlighted three areas to be addressed nationwide:.

1. Timing: same day competency screenings; timely assessment of competency; and, follow-up through court review and further assessment.
2. Treatment: lack of continuity of effective treatment; opportunity for restoration services as a treatment component vs. solely legal education.

3. Housing: becomes a road-block to effectiveness (after restoration).

Competency Workgroup: Best Practices in Restoration to Competency

Dianna Kalandros updated the Committee on the status of the workgroup's Best Practices Guide for Restoration to Competency (RTC) programs. She stated that the workgroup found that there are no known existing models within the United States regarding best practices in RTC. All counties in Arizona implement RTC differently and there are no common guidelines or consistency.

The workgroup considered reports, feedback, and suggestions from stakeholders when drafting the best practices guide and Dianna thanked all who contributed. The proposed best practices were provided to the Committee in its meeting packet.

Ms. Kalandros shared a flowchart on the restoration process and discussed timelines and deadlines of progress reports to court, attorneys, and clinical liaisons.

Ms. Kalandros highlighted the role of the clinical liaison in the best practices guide, noting that the position is currently underutilized and that there are only three counties that the workgroup is aware of which appoint clinical liaisons. In all three counties, the process is handled differently and the roles of the liaisons differ as well.

General discussion took place regarding the efforts of the workgroup.

Motion: To approve the Best Practices Guidelines. The motion was seconded and passed.

The Committee further noted agreement with the workgroup's exploration of use of telemedicine/telehealth in competency proceedings.

News & Updates

Mr. Batty shared that a meeting was held with the AOC Executive Office to review the Committee's scope of priorities for the coming year. Questions were raised regarding the existing Mental Health Court standards and the Committee's recommendation for a "tiered" approach, including:

1. What is the problem we are trying to correct?
2. If there is a tiered approach/standard, what will be the outcome?
3. Are there examples from other jurisdictions?

General discussion took place regarding re-examining the Mental Health Court standards, and a team will likely be formed to review this recommendation and to propose next steps.

Committee staff will follow-up with IT on the Data Repository next steps. Staff/Chair will follow-up with Mary Lou Brncik regarding the workgroup's possibly crafting a proposal for presentation to Committee around criminal mental health defense and the *mens rea* discussion.

Mr. Batty informed the Committee that its next meeting will be February 24, 2020, and that there will not be a June meeting.

Good of the Order / Call to the Public

One member of the public asked to address the Committee and noted that she hopes to continue to listen in and be of service.

Adjournment

The meeting was adjourned at 2:23 p.m. by order of the Chair.

Committee on Mental Health & the Justice System

The Committee on Mental Health and the Justice System was established through [Administrative Order 2018-71](#) to develop and recommend comprehensive, evidence-based best practices and cross-agency protocols to improve the administration of civil and criminal justice for persons with mental illness. The following provides a status update on the [Committee's interim report recommendations](#) and planned tasks for CY2020. The Committee's final report is due to the Arizona Judicial Council in October 2020.

2020 Key Tasks			
#	2019 Interim Report Recommendation	Status Update	Other Notes
1	<p>Develop comprehensive training for judges and court staff in the areas of behavioral health and crisis response.</p> <p>a. Training should incorporate the latest models, knowledge and information on identifying signs of mental health conditions in others, de-escalation techniques, trauma, Adverse Childhood Experiences (ACEs), and social determinants of health.</p> <p>b. Integrate training with information on available resources and options for behavioral health supports and services in each county.</p>	<p>In progress:</p> <ul style="list-style-type: none"> AOC – new workgroup team to create online training curriculum Negotiation with national partner to support general MH chapter AHCCCS/ASU – resource guide (Don J/Dr. Shafer) 	<p>Training will include education on judicial discretion and what statutes permit [or not] judges to order specifics in dealing with individuals with MH conditions.</p> <p>AZ/AOC is also working with NCSC on developing national training/curriculum.</p>
2	<p>Create a workgroup to analyze and make recommendations to improve processes and coordination among courts handling Title 13, Title 36 or Title 14 proceedings involving a single individual.</p> <p>a. Specifically, the workgroup will review the Arizona Revised Statutes and Court Rules that impact mental health proceedings to identify possible changes and to clarify and simplify language.</p> <p>b. Create a mechanism for judges and attorneys involved in Rule 1.1, Title 36 or Title 14 proceedings to access remotely</p>	<p>In progress:</p> <p>a, c: Start with training and capture identified rules and statutes for future exploration – Tie in w/ #1</p> <p>b. AOC/MHJS re: repository/database</p>	<p>Need to analyze the depth of the problem/issues (if any) outside of Maricopa County; and, what needs to be recommended for improvement in MC.</p>

Committee on Mental Health & the Justice System

2020 Key Tasks			
#	2019 Interim Report Recommendation	Status Update	Other Notes
	<p>the basic information on a defendant's involvement in other mental health proceedings, including current location, findings, or pending proceedings in another court.</p> <p>c. Enhance training for judges and court staff in the areas of behavioral health, crisis response, and understanding existing oversight mechanisms in Titles 13, 36 and 14 for people with mental health conditions.</p>	<p>c. in progress – training (See #1); some jurisdiction(s) are exploring creation of Vulnerable Persons Division crossing Rule 11, Title 36, Title 14</p>	
3	<p>Encourage and support the provision of mental health training and information for justice system stakeholders, including:</p> <ol style="list-style-type: none"> Training on signs and symptoms of mental health conditions, including mental health first aid, as well as eligibility criteria for and availability of mental health services. Mental health training on Title 13, Title 36 and Title 14 statute and case law as it relates to persons with mental health conditions. Use of the orders and standards as provided in A.R.S. §36-540 that allow for assisted court ordered involuntary outpatient treatment or a combined outpatient-inpatient order. Secondary trauma training and comprehensive training on Adverse Childhood Experiences (ACEs) for judicial officers, court staff, law enforcement, probation, and corrections officers and staff. 	<p>In progress:</p> <ul style="list-style-type: none"> See #1 Judicial Branch SIM/MH Summit work 	<p>Also in progress – HIPAA training</p>
4	<p>Continue to support the development of therapeutic or problem-solving courts which incorporate law enforcement, prosecutors, defense attorneys and community providers to</p>	<p>In progress:</p> <ul style="list-style-type: none"> PJs quarterly reports 	<p>LJ Courts' New Judge Orientation training on Treatment Courts</p>

Committee on Mental Health & the Justice System

2020 Key Tasks			
#	2019 Interim Report Recommendation	Status Update	Other Notes
	<p>provide access to treatment for individuals with behavioral health and co-occurring disorders. Existing models already in place or in development in Arizona include:</p> <ul style="list-style-type: none"> • Mental Health Court • Community Court • Veterans Treatment Court • Homeless Court • Drug Court • Co-Occurring Substance Abuse-Mental Health Court Program • Wellness Court Program 	<ul style="list-style-type: none"> • AOC Mental Health Summit (March 2020) • Staff: Grants development/support • Tie in w/ “continuum approach” – SEE #5 • Staff: Communication with AOC Drug Court Coordinator and NCSC on development • Develop/encourage cross-training within AZ 	<p>Annual Treatment Courts Conference: April 2020</p>
5	<p>Develop the concept of a tiered approach to the “Mental Health Court” designation, which includes providing support for jurisdictions along a continuum.</p> <ol style="list-style-type: none"> Work with jurisdictions that have existing specialty courts, or that are interested in developing a specialty court or integrated behavioral health court program that addresses individual and community behavioral health treatment and service needs. Leverage existing resources to create a justice system/behavioral health position available in each court, allowing for coordination of services and supports with AHCCCS and providers for justice-involved individuals with behavioral health needs. Review requirements for reporting process and outcome measures from courts which are engaged in services to defendants with behavioral health needs. 	<p>In progress:</p> <ul style="list-style-type: none"> • Staff: Communication with AOC Drug Court Coordinator and NCSC on development 	<p>TBD:</p> <p>New workgroup with existing MHC coordinators, LJCAA membership, others.</p> <p>Whether availability of grant funding (if any) depends on a Mental Health Court having certain characteristics.</p> <p>Whether other states have tried such a stepped-down approach.</p>

Committee on Mental Health & the Justice System

2020 Key Tasks			
#	2019 Interim Report Recommendation	Status Update	Other Notes
6	Change the definition of “mental disorder” found in A.R.S. §36-501(25) to include neurological and psychiatric disorders, substance use disorders which co-occur with mental health conditions, along with mental conditions resulting from injury, disease, and cognitive disabilities for the purpose of being eligible to receive mental health services pursuant to Title 36 civil commitment statutes. See Appendix B.	In progress – Assigned to Key Issues Workgroup <ul style="list-style-type: none"> What changes need to be made to the proposal (if any)? What data would best serve our purposes of getting these changes made? What are the potential sources? 	Staff: Linkage with stakeholders; AOC Govt. Affairs Track any external proposed legislation this session
7	Amend the definition of “persistent or acute disability” (PAD) in A.R.S. §36-501 to identify a substantial probability of causing harm to others as a possible consequence of the condition not being treated. In addition, changes are recommended under A.R.S. §§36-524 and 36-526 to allow screeners and evaluators to immediately hospitalize a person regardless of the category presented if the emergency standard in the statute is met. See Appendix D.	In progress – Assigned to Key Issues Workgroup <ul style="list-style-type: none"> What changes need to be made to the proposal (if any)? What data would best serve our purposes of getting these changes made? What are the potential sources? 	Staff: Linkage with stakeholders; AOC Govt. Affairs Track any external proposed legislation this session
8	Create an “Enhanced Services” program in A.R.S. §36-540 allowing a judge to mandate the provision of specific services for individuals who have shown that they cannot or will not adhere to treatment and who, as a result, pose a substantial risk of harm to themselves or others, and to require the court to provide hands-on, in-court oversight.	In progress – Assigned to Key Issues Workgroup <ul style="list-style-type: none"> What changes need to be made to the proposal (if any)? What data would best serve our purposes of getting these changes made? What are the potential sources? Re-evaluate whether such changes would better be made to AOT statutes. 	TBD – involvement in social determinants discussion through SIM/Summit and partnership with AHCCCS Track any external proposed legislation this session

Committee on Mental Health & the Justice System

2020 Key Tasks			
#	2019 Interim Report Recommendation	Status Update	Other Notes
			Impact for Court of 2019 legislation (secure BH facilities)
9	Provide courts with a template for guidelines and standardized forms to be used throughout the competency evaluation process by mental health experts in Criminal Rule 11 competency evaluations. a. Changes will need to be made to the AOC training for Mental Health Evaluators, in accordance with the revised Guidelines and forms, including a practice guide that incorporates what the mental health expert should include in their report and findings.	Tie in w/ #10 In progress/next steps: <ul style="list-style-type: none"> • Presentation to Presiding Judges in March 2020 – assessing potential for requiring. • AOC can publish upon formatting and approval. • A formal memo has been drafted, to include the RTC BPs Guidelines, and support for changes needed to the training. • Once the memo is sent, Staff to survey jurisdictions to see if they've adopted, or why not. 	<ul style="list-style-type: none"> • Follow-up with MHEs once memo is released – Competency WG to discuss who/how?
10	Implement additional changes to the AOC training for Mental Health Evaluators including: a. Review of current statute and case law impacting mental health evaluation; b. Review what is in the records that are included in the Status Report and Final Report to the Court; c. Best practices for restoration to competency programs;	Tie in w/ #9, 11 In progress: <ul style="list-style-type: none"> • August 2019 Legal Competency and Restoration Conference included a primer of these changes; 	Need to determine with AOC/JEC what Committee support is needed for changes.

Committee on Mental Health & the Justice System

2020 Key Tasks			
#	2019 Interim Report Recommendation	Status Update	Other Notes
	<p>d. Specialized training on writing the mental health expert report, including technical and professional terms that can be avoided or explained for non-clinical readers; and</p> <p>e. Consideration for a multi-disciplinary approach to training that includes forensic evaluators, judges and attorneys; and</p> <p>f. Development of a quality control mechanism for mental health evaluators through the training process such as inclusion of a written exam and required annual recertification training.</p>	<p>Next steps:</p> <ul style="list-style-type: none"> Follow-up with MHEs once memo is released Explore what else needs to go out, and from who, in the immediate term re: changes. Tie in w/ #11 – development of court-university partnership The next conference will need to further enhance training on these areas (a-d). Include guidelines, templates/forms, and Best Practices in AOC Ed Services and AOC training module development “e” – ensure widespread invitations for next Conference; see also #3: development of court-university partnership Explore options available for “f” 	
11	Explore the development of a university-court partnership to provide continuous training and best practices in competency evaluation and methodology for mental health evaluators, judges and other practitioners. This partnership is intended to increase the pipeline of forensic psychiatrists and psychologists and members of the legal community who are educated in current law, methodology and best	<ul style="list-style-type: none"> Initiate discussion with ASU, UofA and NAU faculty (Law, Psychology) to explore next steps; involve associations of psychiatry/psychology professionals 	Co-assigned with Competency WG Follow process with current HB 2072

Committee on Mental Health & the Justice System

2020 Key Tasks			
#	2019 Interim Report Recommendation	Status Update	Other Notes
	practices around competency and forensic mental health services.		
12	<p>Explore opportunities for creating or expanding a telehealth infrastructure for the courts and other justice system partners to increase access to services for people with mental health conditions who have contact with the criminal justice system, including:</p> <ul style="list-style-type: none"> a. Provide a telehealth option for competency evaluations. b. Evaluate the feasibility of the use of telehealth for mental health assessments in jails; crisis consultations for law enforcement; crisis response for people who have encounters with law enforcement; probation mental health services; and, jail mental health services. 	<p>In progress:</p> <ul style="list-style-type: none"> • Part (a) assigned to Competency WG (separate workplan) • Need to evaluate costs • Partnership with APDS on current telehealth contract exploration for Probation 	
13	<p>Recommend necessary statute, rule or procedural changes that will improve the implementation of A.R.S. §13-4503 (E) and Rule 11.2 for cases involving misdemeanor defendants in limited jurisdiction court competency proceedings, including:</p> <ul style="list-style-type: none"> a. Establish a simple, effective mechanism for transferring a misdemeanor defendant involved in Rule 11 proceedings between criminal and civil court in a timely fashion when the originating case is at the limited jurisdiction court level, as allowed for in 16A A.R.S. Rules Crim.Proc., Rule 11.5. b. Modifications to A.R.S. §13-405(A) – the “two experts” requirement; A.R.S. §13-4503 (B) – the “three working days” requirement; and A.R.S. §13-4514 – progress report timelines. 	<p>In progress –</p> <ul style="list-style-type: none"> a. Sent final protocol to Maricopa 11/21 b. Proposals approved by AJC in Oct, Dec; Track bills through session 	Staff: Linkage with stakeholders; AOC Govt. Affairs

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2020 Key Tasks			
#	2019 Interim Report Recommendation	Status Update	Other Notes
14	Explore the option of eliminating competency evaluations for misdemeanor defendants and providing immediate access to services through other accountability-based mechanisms, such as the Community Court model.	In progress: <ul style="list-style-type: none"> Assigned to competency WG (separate workplan) 	Partner with NCSC on national research and BPs in development
15	Examine changes to allow evidence of a mental disorder as an affirmative defense to a defendant's <i>mens rea</i> .	In progress: <ul style="list-style-type: none"> March 23 Committee meeting will include a presentation on rules of evidence, criminal justice reform landscape, and discussion that includes defense counsel perspective. TBD: Committee to determine if a statement will be included in the Committee's final report to support an external entity taking this issue on through legislative change. 	Requires legislative change Potential inclusion in training and rules analysis for awareness of MH conditions and sentencing (recs #1-3)
16	Support amendments to statute in both Title 13 and Title 36 to address the gap in appropriate levels of service being provided to defendants who are mentally ill and dangerous, are repeatedly found incompetent and not restorable (INR), and who cycle between the criminal justice system and the civil mental health treatment system. See Appendix E.	In progress – Track HB 2581 legislation introduced (Pima County Attorney's Office)	
22	Encourage the Administrative Office of the Courts to partner with a research-based institution to study the impact of implementation of the Sequential Intercept Model as well as the impact of chronic, repeat offenders, particularly as it relates to community-based techniques, recidivism, and a reduction in costs to the judicial system.	In progress: <ul style="list-style-type: none"> SJI Award for NCSC to begin collecting data and information at March MH Summit Ongoing work with AHCCCS for 1115 waiver 	

Committee on Mental Health & the Justice System

2020 Key Tasks			
#	2019 Interim Report Recommendation	Status Update	Other Notes
	a. Utilize impact data to recommend funding be redirected to other areas of high need involving people with behavioral health needs.		
23	<p>Encourage court leadership to partner with community stakeholders and explore existing models that offer immediate crisis response assessment and screening, peer support, navigators, and transportation to treatment. Existing models include:</p> <ul style="list-style-type: none"> • Yavapai County's Reach Out Program; • Maricopa County's Criminal Justice Engagement Team; • Crisis Response Network in central and northern Arizona; • Crisis Response Center in Pima County. 	<p>In progress:</p> <ul style="list-style-type: none"> • PJs quarterly reports • AOC Mental Health Summit • Jurisdictions' Mapping • Staff: Grants development/support • Tie in w/ "continuum approach" - SEE #4-5 	<p>See also: HB 2422 and 2414</p> <p>State/collaborative funding needed (Gov, Leg, AHCCCS, DHS, DES, Housing)</p> <p>AHCCCS – Development of 2020-2021 Contract/RFP and 1115 Waiver focused on SDOH</p> <p>AHCCCS – Expansion of TIP clinics? Additional funding for peer navigators</p> <p>New federal 9-8-8 Crisis Response Number (in development)</p>
24	Encourage the development or expansion of processes to connect people with mental health services when they are released from jail.	<p>In progress:</p> <ul style="list-style-type: none"> • Probation/APSD 	<p>Additional training? What is Court's role?</p>

Committee on Mental Health & the Justice System

2020 Key Tasks			
#	2019 Interim Report Recommendation	Status Update	Other Notes
	<p>a. Ensure all counties are aware of and utilizing Medicaid suspension while an individual is incarcerated, to provide immediate access to services upon release.</p> <p>b. Encourage AHCCCS and the RBHAs to continue to engage with judicial partners statewide, particularly in rural communities and communities that have identified issues with their Title 36 treatment system.</p> <p>c. Encourage support for the development of a separate “X11” line for people in a mental health crisis and first responders.</p> <p>d. Encourage the expansion of “warm lines” with peer support for faster response to those in crisis.</p>	<ul style="list-style-type: none"> MHJS/AOC/BH stakeholder engagement AHCCCS/RBHAs – crisis response contracts; connection with SIM Protocol teams 	See also: HB 2422 and 2414
25	Encourage state and local agencies to address the lack of behavioral health treatment bed space statewide by increasing the number of: inpatient, secure beds; community based, secure residential placements; and community based supportive housing, including group homes.	In progress: Judicial Branch SIM/MH Summit work	<p>AOC – incorporate in SIM/protocol teams and judicial training (re: what resources are available)</p> <p>See also: HB 2422 and 2414</p>
26	Examine opportunities to address the gaps in Arizona’s mental health treatment system , including adequate housing, appropriate levels of care, enhanced case management and oversight, increased community treatment and diversion opportunities, and the discrepancy in access to care between rural and urban communities as well as public and private insurance.	<p>Tie in w/ #18</p> <p>In progress:</p> <ul style="list-style-type: none"> Judicial Branch SIM/MH Summit work AOC – work with AHCCCS 	<p>See also: HB 2422 and 2414</p> <p>TBD – Committee to propose/suggest creation of an Executive Branch Health Czar position</p>

Committee on Mental Health & the Justice System

2020 Key Tasks			
#	2019 Interim Report Recommendation	Status Update	Other Notes
		<ul style="list-style-type: none"> Incorporate in judicial MH training, re: resources available (See #1) 	or multi-branch Commission (with State and County level leadership) to provide oversight/authority, develop state and local protocols and collaborative entities.
27	Partner with AHCCCS to compile a list to be updated annually and distributed to the courts and law enforcement agencies of services available statewide through the AHCCCS Health Plans and the eligibility criteria for each service.	<p>In progress:</p> <ul style="list-style-type: none"> Partner with ASU and AHCCCS – Shafer (Don J requested); Include in resources for judicial/court staff training on Mental Health 	

Committee on Mental Health & the Justice System

The following priority areas are directly from the Committee Administrative Order 2018-71

Administrative Order		
#	Recommendation	Additional Notes
1	Continue to identify ways for the courts and justice system stakeholders to effectively address how the justice system responds to persons in need of BH services	<p>Collaboration with BH community, stakeholders, AHCCCS</p> <p>Meetings to address cross-system impact - Probation, AHCCCS, Counties, ADC, DHS, Housing, DES, Providers.</p> <p>Suggested Presentations to address Best Practices; Challenges; Interconnectedness with Court/Judicial System</p> <ul style="list-style-type: none"> • Peer/Family Voice • Crisis Response System • AHCCCS • Dept of Corrections • Dept of Health Services • Juvenile/Youth • APSD – TIP Clinics • Maricopa (and other) County Human Services & Adult Probation • Maricopa County Probate/Mental Health – Sheila Tickle; Pima – Judge Kuhn • City of Mesa PD – Amanda Stamps • Providers <ul style="list-style-type: none"> ○ See BH Stakeholder group list; ○ Community Bridges; ○ CHEEER (Kimberly Craig – expertise in working with women with mental health and substance use disorders);

Committee on Mental Health & the Justice System

Administrative Order			
#	Recommendation	Status	Additional Notes
			<ul style="list-style-type: none"> o Florence Crittendon (Dr. Kellie Warren, PsYD; FloCrit CEO; former ADJC Deputy Director) o Family Involvement Center
2	Oversee the development of a model guide to help presiding judges develop protocols to work with justice system involved individuals with mental & behavioral healthcare needs.	<p>In progress</p> <ul style="list-style-type: none"> • Spring 2019 Summit • August 2019 Training • Spring 2020 Summit • Reporting and presentations with local jurisdictions • National Guide and training 	<p>2019 Committee discussions and BH Stakeholder meeting raised the need for a diagram overlapping this mapping with what is happening in the community, including community advocates and peer support/family voice to better connect the dots and gaps.</p> <p>May 2018 Subcommittee Recommendations: “Recommend that the Sequential Intercept Model (SIM) be considered a best practice and that judges and staff receive training and implementation assistance on the SIM and other tools to help them recognize the behavioral health needs of persons who come to court and the options available to divert defendants who are mentally ill out of the criminal justice system and, when appropriate, into treatment.”</p> <p>“The AOC will work with the National Center for State Courts (NCSC) to develop a model protocol guide for presiding judges to improve the justice system’s response to those individuals with serious and persistent mental illness.”</p>
3	Review Arizona’s MH Court Standards to determine whether current performance measures should be adjusted to capture additional data and to examine how that data should be analyzed.	<p>In progress:</p> <p>See interim report recommendation 8: Develop the concept of</p>	<p>Initial Survey to MH Courts on Data Gathering/Standards</p> <p>LJCAA – expressed interest to participate</p>

Committee on Mental Health & the Justice System

Administrative Order			
#	Recommendation	Status	Additional Notes
		a tiered approach to the “Mental Health Court” which includes providing support for jurisdictions along a continuum	Follow-up with NCSC
4.	Examine how other courts and stakeholders collect data and whether improved communications between behavioral health and justice system stakeholders could result in a more effective delivery of services to those who are mentally ill.	<p>In progress:</p> <ul style="list-style-type: none"> Competency Workgroup recommendation: Data repository AOC partnership with AHCCCS AOC data sharing agreement with ASU CHiR Ongoing work of local teams (ex: Maricopa County workgroup; Yavapai database expansion) 	March 2020 Protocols Summit – Stacy invite to NCSC and developing research project
4	Review court rules and state statutes for changes that can result in improved court processes in competency proceedings, court ordered treatment hearings, and other hearings where a litigant may need mental health treatment.	<p>In progress:</p> <ul style="list-style-type: none"> Competency WG recommendations Order of transfer protocol MH Training Project New Title 13, 14, 36 Workgroup proposed 	See Interim Report Recommendations/Key Tasks

Committee on Mental Health & the Justice System

Administrative Order			
#	Recommendation	Status	Additional Notes
5	Identify ways the court can work collaboratively with other stakeholders to educate the public on the use of advance healthcare directives	In progress: <ul style="list-style-type: none"> Revised forms Communication with AGs office for revisions Development of AOC MH Website Inclusion in “AZ Court Care” website 	Collaborative opportunities Cross-system impact
6	Oversee, as necessary, the implementation of recommendations of the Fair Justice Task Force relating to the courts and mental health approved by the AJC:	In progress	
	<i>FJTF</i> 33. Coordinate where possible with the local regional behavioral health authority to assist the court or pretrial services in identifying defendants who have previously been diagnosed as mentally ill to allow for the coordination of necessary services.	See #1 – AO	Ongoing work through SIM/Summit – Intercept 1
	<i>FJTF</i> 34. Revise mental health competency statutes for expediting mental competency proceedings for misdemeanor cases.	See #4 – AO and Interim Report Recs	Competency workgroup – 2020: <ul style="list-style-type: none"> address competency for misdemeanants; further improvements to existing competency programs and training; partnership with NCSC collaborative
	<i>FJTF</i> 35. Bring together criminal justice and mental health stakeholders in larger jurisdictions to adopt protocols for addressing people with mental health issues who have been brought to court.	See #2 – AO	In progress: <ul style="list-style-type: none"> SIM/Summit; partner with AHCCCS – Justice Transitions work; AOC collaborative with BH Stakeholders

Committee on Mental Health & the Justice System

Administrative Order			
#	Recommendation	Status	Additional Notes
	<i>FJTF</i> 36. Consider the use of specialty courts and other available resources to address a defendant's treatment and service needs, as well as risk to the community, when processing cases involving persons with mental health needs or other specialized groups.	See #4 – AO	Committee recommendations
7	Identify opportunities to educate the public on court processes involving individuals in the justice system with behavioral health treatment needs.	In progress: <ul style="list-style-type: none"> • AOC – MH Website • AZ Court Care w/ Bar Foundation 	Opportunities: <ul style="list-style-type: none"> • Interactive Media; • Cross-system collaboration; • Training partnerships with ASU, NCSC (see interim report recommendations)

1. Templates for guidelines and forms for mental health experts in Rule 11 competency evaluations

- Present to PJs in March – ask for inclusion as a requirement vs. a suggestion.
- Determine what needs to be communicated to MHEs in advance of next Legal Competency and Restoration Conference; who communicates + how?
- Develop accompanying practice guide for what MHEs should include in their report and findings.

2. Finalize Best Practices for RTC

- Present to PJs in March.
- Circulate to other entities.
- Determine how clinical liaison role can be elevated to ensure continuity of care (also ties in with other items)

3. University-Court partnership for continuous education, training, career pipeline and infusion of best practices

- Staff to initiate discussions and explore next steps through workgroup.

4. Create/expand telehealth infrastructure

- Discussion with AOC Adult Probation Services.
- Invite others to discuss national BPs and trends.
- Evaluate costs and legal considerations.
- Evaluate standards and criteria.

5. Competency evaluations for misdemeanants

- Explore national research and BPs.
- Embedded with work on training; Mental Health protocols and mapping.
- Additional analysis needed, re: differences in jurisdictions (pre-screens, staffing models); repository – access to do Rule 11, Title 36 and T14; judicial training for what options are available; law enforcement and prosecutor deflection and diversion options; treatment resources available/requirements in community for resources.

MHJS Key Issues Workgroup

Current Task: Revisit the proposals for Mental Disorder; Enhanced Services Order; and PAD/Emergency Standard to discuss and determine:

1. What changes need to be made to the proposal (if any)?
2. What data would best serve our purposes of getting these changes made?
3. What are the potential sources of data?

Workgroup Discussion Points:

- Review comments from stakeholders and others.
- Look at data needs and what data is readily available.
 - Including cost data.
- Can the court take control of this today? Can the court set orders for more specific treatment plans?
 - Is this universally applicable?
 - If confirmed, what would need to happen in order for this to be applied?
- Revisit AOT statutes – should these be changed?
- Is there a recommendation to be made that is within the scope of the Committee to suggest any changes to the boiler plate language in the existing outpatient treatment plan?
 - If so, whose responsibility is it to make these changes, and are they at the table?

Mental Health & the Justice System Training Project Summary

Goal: For judicial officers and court staff to better understand how to approach individuals with mental health conditions in the courtroom setting, as well as what specific resources are at the court's disposal to assist in the delivery of services and improve the administration of justice, including community, state agency/provider and legal resources.

A secondary goal is to incorporate recommendations for policy, statute and/or rule changes for the AOC and Committee on Mental Health and the Justice System to consider as part of the Committee's final report (October 2020).

Objective: By June 2020, the Arizona Supreme Court/AOC will launch an online mental health training module for the judiciary and court staff that includes the following chapters:

- 1) Mental health – awareness, de-stigmatization, implicit bias, signs/symptoms*
- 2) Bench training – pathways, examples, solutions, resources – community-based services and legal resources for the following five benches, including limited jurisdiction courts
 - a. family
 - b. juvenile
 - c. probate/mental health
 - d. civil
 - e. criminal

*note – this can also be used for other training opportunities within the branch, including court security, probation, administration, etc.

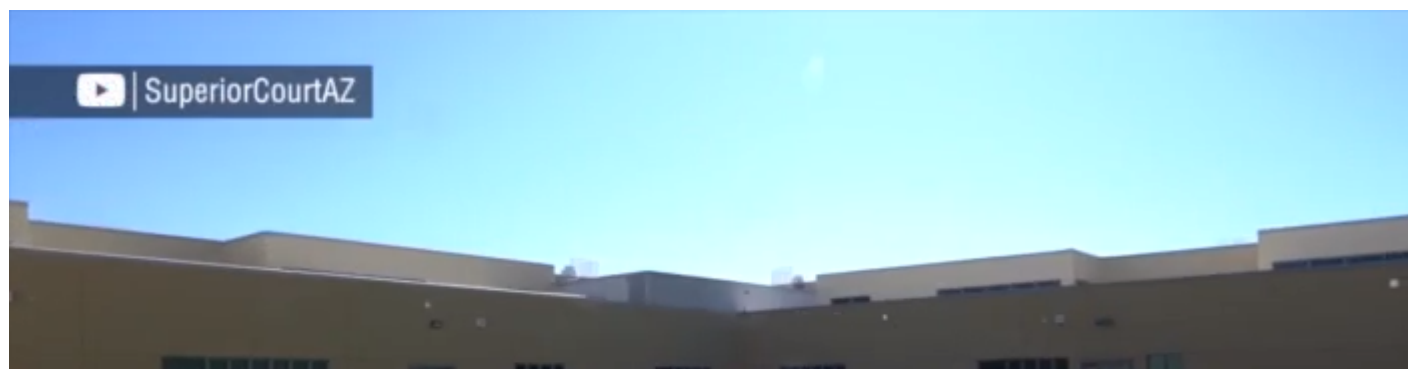
Timeline: The team of subject matter experts will do the majority of its work between February – October, with the intent of phasing in the content starting with the Judicial Conference in June, and the JP's conference in the Fall. A secondary review team will be engaged throughout the curriculum development for feedback.

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ALERT

President Trump rally in Phoenix: How to watch on ABC15**NEWS > ARIZONA NEWS**

Lack of mental health facilities, Arizona children out of state

Posted: 8:44 PM, Feb 06, 2020 **Updated:** 10:23 PM, Feb 06, 2020**By:** [Courtney Holmes](#)

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PHOENIX — Colette Johnson spent nearly half of 2019 fighting to get her son into a residential mental health facility.

He spent that time in a Mesa juvenile detention center after being arrested for an offense that Johnson says is, "a result of his mental health issues."

"He wasn't sentenced to jail time," she said. "He was sentenced to a facility that's supposed to help him."

At first Johnson says she was told the wait would be about a month. "And then 5 weeks came up. 6 weeks. 2 months. 3 months. 4 months. Now come on."

Eventually she says she was told there wasn't enough bed space at the treatment facility and was offered to have him sent to an out of state facility but declined.

"You have to wonder how many other parents are not only going through the same thing," she said.

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Here's one of many Arizona families faced with the choice of leaving their child in juvenile detention or shipping them out of state, because Arizona doesn't have enough beds for children with behavioral health problems.

Right now there are believed to be three facilities in the Valley where kids can both live and get the intense therapy they need over the course of several months.

But when those are full, as they often are, the kids wait in juvenile detention, emergency room or are moved to a different state.

According to a 2020 Arizona's Health Care Cost Containment System report to the Arizona Joint Legislative Budget Committee, hundreds of children have been placed out of state since 2016.

- Syf 2019- 154 (age 20 and under)
- Syf 2018- 170 (age 20 and under)
- Sfy 2017- 136 (age 20 and under)
- Sfy 2016- 348 (age 21 and under)

ABC15 spoke with another mother Camilla Parker. Her 17-year-old son waited 25 days at the Durango Juvenile Detention Center.

"He had to take additional medications while he was there, he cried, he got in fights, hated it, it was awful," she said.

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Because of his age the window was closing before he would be treated as an adult. "I said well you can always send him out of state."

Not an option for this mom either, the difference is, she knows her way around the system.

"If I didn't know the system the way that I know the system because I work in it, my child would still be in the detention," she said.

After some pushing she found a spot at a facility called A New Leaf's "The New Foundation" opened up.

But just one month into treatment, "they're ripping it now from underneath us," she said.

The New Foundation's Scottsdale campus closed in December. A spokesperson says funding is one of the reasons.

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In a statement to ABC15 the agency said in part, "due to untimely payments from pay and ongoing fiscal obstacles, we realized it was not in our interest to continue the program."

The non-profit also said AHCCCS reimbursements "haven't kept up with inflation and minimum wages."

For its part AHCCCS says reimbursement rates to in-patient behavioral health providers have increased by an average of nearly 20 percent since 2015.

AHCCCS contracts with healthcare management companies to administer health plans. It says those companies, "are contractually-obligated to maintain an adequate network of providers and may place members with out-of-state providers for specialty services (physical or behavioral), when members' needs cannot be met within the state of Arizona."

Still the agency said it is using feedback from stakeholder work groups held in 2019 to help inform future rate decisions, network analysis, and ongoing workgroup activity."

For now the plan is for The New Foundation's old building to be converted to house unaccompanied refugee minors entering the country, according to a spokesman.

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In the mean time it was back to detention for Parker's son while she scrambled to find another open bed.

"It was actually told to me that they (a facility) get 100 referrals a month. And they have beds for 10 to 12," she said.

This time he stayed in detention for 20 days waiting for a new placement, new doctor, new treatment.

"I would like to set him up to a place where he can have the services that he needs get to a place that he can function in the community and live on his own and be able to maintain things," she said.

But worries for the kids whose parents either don't know how to work the system or don't have the resources to care to. "Because they're transitioning to that adult and because the consequences are much higher and because the world is so hard you know?"

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Police investigation in Glendale near 59th Ave and Bethany Home

https://www.azfamily.com/news/original_reporting/impossible-ultimatum-arizona-family-forced-to-give-up-son-to/article_58292ab4-0fdb-11ea-a5eb-3f3b45531ac6.html

Impossible ultimatum: Arizona family forced to give up son to get him help

Nicole Crites

Posted Nov 26, 2019

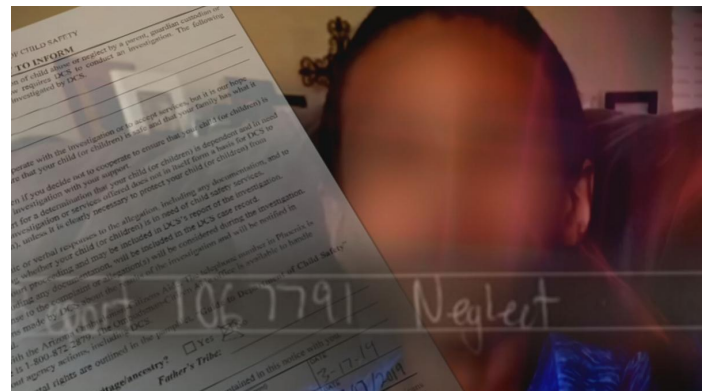
PHOENIX (3TV/CBS 5) -- Because November is National Adoption Month, we wanted to take an honest look at the mental health gaps where families who open their homes to take in kids with complex trauma say they aren't getting the help they need. We're talking about the most severe cases, the ones in which kids can become homicidal or suicidal without intense therapy. How often do we see horrific outcomes and ask, "Why didn't they get help as a kid?" We found that Arizona families are begging for help, but there simply aren't enough options.

[WATCH: Arizona family forced to give up boy]

"Half the time, I just want to be in the fetal position, crying," Nicole said. "I'll never be OK. He's my son and I have to spend my lifetime without him."

"NONE OF THIS IS HIS FAULT."

Now 7, he was just 2 years old when he came into their lives after Fathers' Day 2014.



"He's a sweet, caring little guy with ... um, a broken heart," Nicole said. "He has survived a lot of horrible things. He's actually very resilient to still be here. And none of this is his fault."

Memories, both sweet and brutal, surround her.

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"I can look at any corner of this home, and I can see him. I can hear his voice," she said as she shared a recording of the two of them having a conversation on the couch. He declared her his favorite person in the world.

"Aw, I love you, baby," she says, and his little voice squeaks back, "I love you, too!"

Nicole also has many vivid memories of extraordinarily difficult days that brought them to their knees.

"One time, he was trying to get his brother, who is also special needs, to try to touch our grill that was on," she recalled. "When I asked him 'Why would you do that?' he said, 'I wanted to watch him burn.'"

It got so bad that they had to install motion sensor cameras.

"I was scared for our other children," Nicole said.

Diagnosed with reactive attachment disorder (RAD) and sociopathic tendencies, she says their little man wound up doing three behavioral health intakes at Phoenix Children's Hospital and 16 months in a therapeutic foster home.

Each time he came home, he eventually acted out again.

"MISFIRE OF EMPATHY AND UNDERSTANDING"

"There were incidents with knives a few times; we just started locking up every sharp object," Nicole said.

She says she found some scissors hidden in his pillowcase after he'd cut the throats of his stuffed animals. She said he threatened to do the same thing to his brother and to her while she slept.

"He talked about slitting my throat, and showed me how he would do it in a very kind, sweet voice," she said. "It wasn't in anger."

And that was the truly troubling part, Nicole says. He was never acting out in anger, but rather doing and saying extremely worrisome things, showing no empathy.

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"It's a misfire of empathy and understanding," she explained.

She recorded one such incident on her cellphone.

Mom: "What happened?"

Son: "I was going to the bathroom, and I was trying to kill her and choke her."

Mom: "You were trying to kill her and choke her?"

Son: "Yeah."

Mom: "Who is 'her?'"

Son: "The cat. "

"He just wanted to watch them not breathe," Nicole said.

POLICE WERE NOT STRANGERS TO THE HOME

Police were called out to the house frequently and were uneasy with what they learned. Nicole remembers a specific comment one police captain made.

"In his 17 years on the force, he said he only had one other person who had given him the chills like this. And this was my 4-year-old at the time!" she said.

There were warnings from officers, too.

"If he harms any of your children, you can lose all of your children," Nicole said she was told.

Nicole and Ben have their son's name tattooed on their wrists.

Source: 3TV/CBS 5

Until recently, this family of 10 was a family of 11.

Source: 3TV/CBS 5

At the same time, Department of Child Safety caseworkers had their own caveats.

"If you remove him from your home, you can be charged with neglect and abuse," she said she was warned.

Nicole said when they realized he wasn't safe to be in their home anymore, they knew they had to get him help. But they never wanted to not be in his life anymore. They never wanted to not be his family.

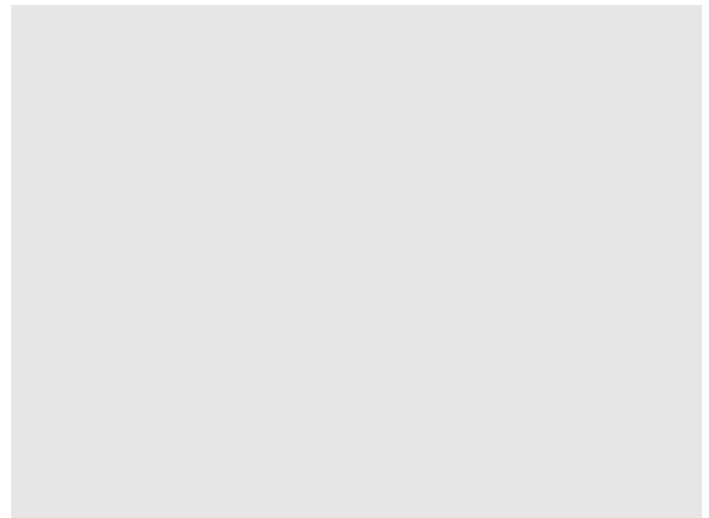
"There are zero solutions for families like ours," Nicole said. "It just kept escalating and escalating."

"ZERO SOLUTIONS"

Asking for help landed them in court. The night they called the police to take him in after they found him threatening his little sister, DCS cited them for neglect. Nicole says caseworkers spent hours interviewing the family and their other children, even waking up the little ones in the middle of the night. DCS dropped the neglect case against them because it was against the law to go after them in the first place.

"A parent may not be considered as having abused, neglected or abandoned or charged with abuse, neglect or abandonment of a biological, foster or adoptive child solely for seeking inpatient treatment or an out-of-home placement if the child's behavioral health needs pose a risk to the safety and welfare of the family," mandates HB2442, also known as Jacob's Law. It was passed in 2016.

"I don't want to lose him! I just want to get him the help he needs!" Nicole said.



Ben and his son

Source: 3TV/CBS 5

"YOU CAN'T DISCIPLINE IT AWAY."

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Experts say complex trauma can't be easily healed. Having the very best intentions doesn't help. Sometimes all the love and prayers and healthy family relationships you surround a child with might not ever be enough. No matter how much you wish it would be.

"You can't love enough. You can't discipline it away," Nicole said.

"I wish we had other options!" Ben said.

Denise Biben with [Childhelp](#) says they see this all the time, families who feel stuck without options, desperate for help.

"They do feel stuck and it's hard!" Biben said. "Unfortunately, with kids who've experienced complex trauma, there's about a 25% disruption rate in adoptions."

A nonprofit based here in the Valley, Childhelp runs [two residential psychiatric treatment homes](#) out of state. They focus on intense therapy and healing for severe trauma cases. Nicole tried working with DCS to get her son placed in one. It didn't happen.

A nonprofit based here in the Valley, Childhelp runs two residential psychiatric treatment homes out of state

Source: 3TV/CBS 5

"This is something [that] if not treated now will go on with them for the rest of their lives," Biben said.

"WE'VE MADE IT VERY, VERY DIFFICULT IN THIS COUNTRY FOR KIDS TO GET THE HELP THAT THEY NEED."

And it could soon get more complicated. Arizona is being forced to comply with a new federal mandate by 2021. The [Family First Act](#) pushes prevention to fix the system, capping funding and length of stays at group homes and residential treatment centers.

"It's not easy," Biben said. "We've made it very, very difficult in this country for kids to get the help that they need," Biben said.

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Advocates are hopeful there will be exceptions for families with kids who need more intense long-term therapy.

"We can invest in them now, or we can invest in them later," Biben said.

The statistics are alarming. Nationwide, 74% of our prison population used to be foster kids, according to Foster Care 2.0. It goes up to 80% for inmates on death row.

Source: 3TV/CBS 5

Here in Arizona, DCS says about 60 kids turn 18 and "age out" out the foster care system every month. Some have been through more than 60 different placements. That's more than three a year for a child who came into care at birth. Half of the kids who age out will wind up behind bars within just two years.

"We're literally taking them from the foster care system and placing them now in our prison system!" said Anika Robinson.

STATE LEADERS DON'T ALWAYS HAVE A COMPLETE PICTURE

Robinson teamed up with East Valley foster and adoptive moms to lobby the Legislature to pass Jacob's Law, which requires emergency behavioral health help and access for families and kids in the system.

"I know plenty of parents who've had to give their children back to the state. [They've] had to literally throw their arms up and say, 'If that is the route I have to go to get my kid services, and for our family to be safe, and me not to be covered black and blue in bruises, then I must protect them. I must protect my family,'" Robinson said.

She says one of the biggest problems is parents who do not file complaints and concerns with the DCS ombudsman. When they don't, she says state leaders can't get an accurate gauge of the needs and scope or severity of the problem. That makes it difficult at best to hold the agency accountable.

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Robinson says many families don't know the rights she and fellow advocates fought for; they don't know what they can do.

One of the provisions of Jacob's Law, for example, is an option to get private care at a certain point. If a foster or adoptive family has waited more than 21 days to get behavioral health access, they can seek out their own private provider. The provider will then be reimbursed at 130% of the Arizona Health Care Cost Containment System (AHCCCS) rate.

Click image to enlarge.

Source: <https://www.azoca.gov/child-safety-dcs/>

"This was a way to impose sanctions basically for the health plan not having enough providers," Robinson said.

A former foster care community liaison at AHCCCS, Robinson has 10 kids in her home right now. And she's had countless others over the years. She is the president of a Valley nonprofit called Advocacy, Support & Assistance Now. It's meant to provide training to families and caseworkers to help them better navigate the system.

"I've met families who have gone bankrupt, who have cleaned out their 401-K trying to get kids services," Robinson said. "They're at their wit's end and simply say, 'I can't do this anymore,' and put their child back into DCS custody."

She hopes that if there's better early access to treatment and intervention, the state can stop these critical emergencies that tear families apart. The goal is that other foster and adoptive parents won't have to go through what Nicole and Ben have endured.

"A child should not be without a family and a family without a child because of severe mental illness," Nicole said.

HOW MANY MORE FAMILIES WILL BE TORN APART?

Republican Rep. Nancy Barto of Phoenix agrees.

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"This case just shines a light on the need for another option," she said.

She co-chairs the joint legislative oversight committee for the Department of Child Safety.

"I'm still hearing families are waiting 10 months!" Barto said at the hearing Sept. 26.

She helped pass a new residential treatment facility for adults in last year's budget and says we need more options for kids.

"Supposedly, there's no waitlist, but obviously, there is!" Barto pointed out.

Mike Faust, the new director of DCS, seemed surprised by what many families have expressed to lawmakers and to us.

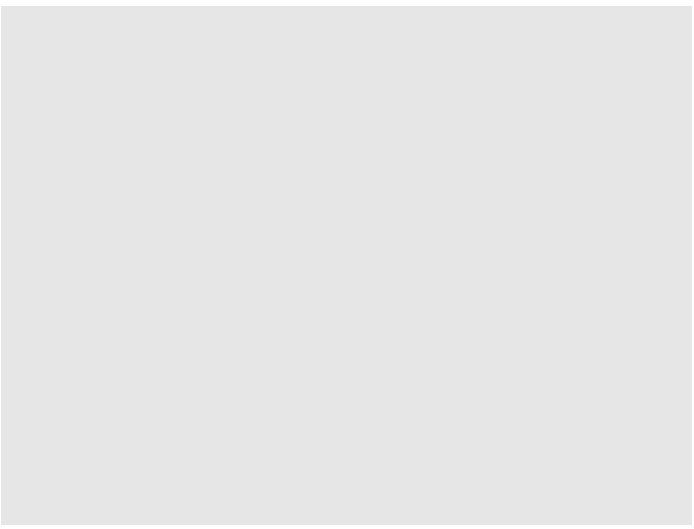
"If you're hearing those things, please push them to us because the sooner we know, the quicker we can respond," he told the committee.

He says for the first time, his department will be taking over mental health treatments from a third-party provider, treating behavioral health like any other medical appointments. The agency also is getting a new computer system to manage and track all cases.

Barto said all that should give DCS more discretion and she intends to watch the outcome.

Faust wouldn't go on camera with us, but he did release a statement.

"DCS responds to difficult cases every day. Some of the toughest cases involve families who had to make the decision to voluntarily enter their children into DCS care. Every month, Arizona families contact the Department to make this painstaking decision because they feel it is the only way to help a child in crisis and to protect their family.



Mike Faust addressed the Joint Legislative Oversight Committee on the Department of Child Safety in September.

Source: ACTV

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"When we receive a report that a parent wants to voluntarily enter a child into DCS care, we perform a thorough family assessment to determine if there are any services or options available to keep a child in the home.

"We collaborate with families, service providers, health care professionals and the court in an attempt to reach the best outcomes for children and their families. Sometimes the best outcome for a child is to reunify with their family. Sometimes the best outcome is the difficult decision to sever ties between a child and their family."

"NOT JUST ANOTHER STATISTIC"

"The work here in this space is never done," Faust told the oversight committee.

"They can take away my legal rights. I can sign them away, but I will never stop fighting until this changes!" Nicole said. "Because (my son) deserves it. He's not just another statistic or number. He's a real, living human being that is so amazing and deserves people to fight for him."

Nicole and Ben loved him enough to get him help outside their home, but now they can never see him again.

"The only solution we had as a family was to shatter our hearts in the hopes of healing his," Nicole said. "He has eight siblings that even though they lived in a war zone at times of trauma, they love him! It's their brother!"

Hurt this deep only comes when you love so strong. Nicole and Ben say yes, they'd do it all again. Nicole says they are praying their pain will have a purpose – perhaps the power to find a better way for kids and families to get the help they desperately need.

"I will never be the same. I will literally never be the same without him," she said of her son. "He's a missing link to our family. You don't move on. You don't get over it."

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WHAT'S HAPPENING AT DCS?

The latest report from the auditor general found widespread violations at DCS. Faust says his team is adopting all the recommendations, including following through with Jacob's Law to ensure every family gets a placement packet containing vital information about each child's behavioral health history. Many families weren't getting even a basic baseline background for the children placed in their care. Getting such details is an expectation when you take a dog home from the pound.

So, why is it not happening for some of the most vulnerable children in our state? Even when it's the law?

"I personally know someone who wasn't given that information, then something horrible occurred in the home; their child became a victim," Robinson said.

DCS does not track how many kids are removed from homes because they weren't getting the mental health help they needed.

"That fight is over for us," Nicole said. "We can't change that. But we can change it so no other child or family has to go through this."

She says she's made peace with the fact her son can't be in their home anymore. But she doesn't understand why they can't still be his family while he gets help elsewhere.

"We had to sign a piece of paper that asked when he turns 18, can he come looking for you? And I just wept uncontrollably saying, 'He can come look for us now; we're not gone! We're here,'" Nicole said.

Arizona is ranked one of the worst states when it comes to a higher prevalence of mental illness and lower rates of access to care, according to Mental Health America.

As of July 2019, there were more than 13,400 children in the DCS system.

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Ben and his son

Source: 3TV/CBS 5



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Incarcerated Teens Struggle With Higher Rates of Mental Health Issues. This Is How One Teen Found His Way Through



By Taylor Allen | February 13, 2020

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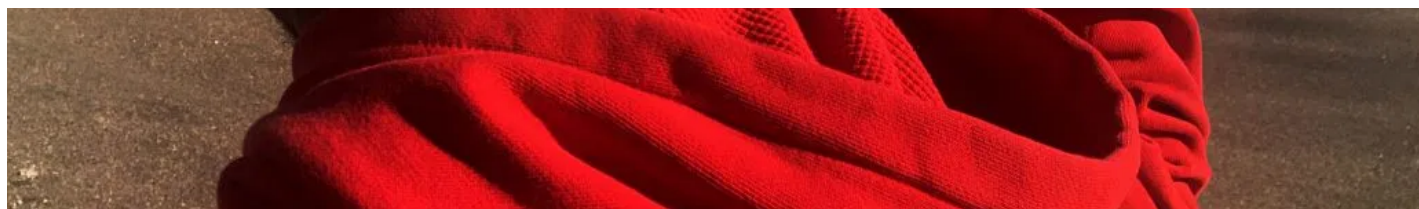
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Taylor Allen/CPR News

Khamal, 19, stands in front of Colorado's Division of Youth Services holding the keys to his first apartment. He was committed at age 17 for theft and has been building his life back together ever since

Khamal, a 19-year-old from Aurora, knows the inside of Colorado's Division of Youth Services well. He's been committed since he was 17.

He sits at a fold-up table with his case manager beside and lightly taps his foot. Khamal explains he's out of juvenile detention, but not quite done.

"It feels good but I just wish I was not in the system at all," he said. "That's what I really miss, just my freedom."

He's had run-ins with the law for the past five years and entered [Third Way Center](#), a program designed to get at-risk youth back on their feet, just over a year and a half ago. We're just using his first name to protect his privacy.

**TEENS
UNDER
STRESS**

There are 937 young people serving in the Colorado Division of Youth Services, as Khamal did. Once a teen is caught in the justice system, it's difficult to leave. Almost half of all teens who leave the justice system in Colorado [will return within 2 years](#), and more than half of all youths who have been in the justice system [met the criteria for one or more psychiatric disorders and 20 percent have an anxiety disorder](#).

As part of CPR's series Teens Under Stress, which investigates rising rates of mental health issues among teens, we followed Khamal for several months as he worked to put his life back together.

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When Khamal was 14, his mother started having trouble finding and keeping work.

Eventually, she couldn't pay rent. Several times, Khamal, his mother, and his siblings had to live out of their car.

Homelessness disproportionately affects low-income, LGBTQ and black or Hispanic non-white children. According to the Colorado Department of Education's most recent numbers, 23,089 children in the state are experiencing homelessness. Teens who experience homelessness are more likely to end up in the justice system.

That's what happened with Khamal. The same year his mom had trouble finding a job, Khamal was incarcerated for the first time for theft.

"Not having a roof over my head and waking up from a car and then going to school just didn't feel right to me," he said, "I felt like for me to have what I wanted, I had to take it."

While in the detention center, he often thought about simple freedoms he didn't have anymore: seeing his mother every day, not waking up in a cell or asking permission to go to the bathroom. Khamal struggles with post-traumatic stress disorder, as well as impulsive thinking and memory loss.



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Department of Local Affairs, says it's common for children to experience trauma both in the events that lead to homelessness and during homelessness itself. That trauma can worsen health conditions and challenges the child already had.

"We also know that they are more likely to be involved in the justice system which further complicates securing employment, housing, self-sufficiency," Toombs said.

Many minors who don't have a house can find it difficult to attend and remain in school.

If you are in crisis, or are looking for mental health services for you or someone you know, call the [Colorado Crisis Services hotline](#). Call 1-844-493-8255 or text "TALK" to 38255 to speak with a trained counselor or professional. Counselors are also available at walk-in locations or online to chat between 4 p.m. and 12 a.m.

Khamal ended up in jail over and over again — four times in total.

By 17, he was fulltime in the juvenile justice system and couldn't see a way out.

"I had nothing keeping me going," he said.

Then, he found out he'd be a father.

"It changed a lot for me because I knew if I didn't change, I couldn't be there for my son," he said.

Not long after, he left the detention center for the last time and entered Third Way. He was at one of its residential facilities when his son was born. He received a 48-hour pass to see the birth.

"When I first saw him, I honestly cried," he said. "The number one thing in life is my son. My son comes first over everything. The reason I'm doing so well is my son."



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or third way where he had more freedoms, like access to a cell phone and to jobs.

He still had to check in with a case manager regularly and turn in his cell phone at night.

Still, every once in a while, someone would find out about his record and they'd act differently towards him.

"It's hard for me to talk about my charges," Khamal said. "I used to be what my papers show but I'm not anymore."

Legally, he does not have to disclose because his charges are juvenile offenses, but it was important for him to not be ashamed of his past.

As the end of his program loomed, Khamal struggled to figure out his path.

Khamal waited for weeks for his parole hearing. If granted, he would be able to get his own apartment.

First, the hearing got pushed back. Then, after he was able to leave Lincoln on parole, his application for an apartment was denied because his income wasn't high enough and he couldn't find a cosigner.

Then, he quit his job at Home Depot because it wasn't giving him enough hours. He made the switch to ARC Thrift Stores doing donations, making \$11.50 an hour full-time. That meant riding the bus for more than an hour to get to work and see his son.

"It's tiring but it's money," he said.

One study found that after six months of reentering the community, less than half of returning juveniles were employed or in school. When they are employed, **it's less likely for these young people to have high-paying jobs**, because they are likely to not have as much employment history or academic preparation compared to their peers who were not confined.



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and is seeing his son more.

Khamal's dreaming of the future these days: He plans to go to college, maybe Colorado State University at Pueblo, and play football. He played for three high school teams before he stopped going to school.

The first picture of Khamal as a baby features him holding a football, and he dreams of going pro.

But if that can't happen, he said he'd be happy being a coroner.

"When I was in school, biology was the only class I was actually attending," Khamal said, laughing.

He'll be able to get help on rent until he's 23. Both the Division of Housing and Brothers Redevelopment will contribute to his rent.

He's back looking for a job, but this time around, he said he didn't feel the need to talk about his charges because he's moved on. In the meantime, he is the primary caretaker while his son's mother goes to work during the day.

"I wish that he has everything I didn't have," Khamal said. "I just don't want him to want for anything, I want to make sure he has so he doesn't feel like he has to go do what I did."

He will be done with parole in August.